

CLAIM AGAINST AN AGENCY OF THE STATE OF KANSAS
FOR SERVICES RENDERED OR PURCHASES MADE IN A PRIOR FISCAL YEAR
FOR WHICH PAYMENT HAS NOT BEEN RECEIVED

INSTRUCTIONS

1. This form is to be used for claims not exceeding \$5,000.
2. Print or type the requested information below.
3. Have the claim statement notarized.
4. Return the completed form and an itemized statement or invoice to the purchasing state agency within six months after the date that the service was rendered or the purchase was made.

NOW, On this the _____ day of _____, 20____, comes the undersigned and makes claim against the

_____ in the amount of \$ _____ for
(Name of State Agency)

services rendered to or purchases made by said agency as itemized on the attached statement or invoice, which is made a part of this claim.

The undersigned further states that payment has not been made for the services or goods covered by this claim. It is further understood that payment of this claim shall be final and conclusive and shall constitute a complete release of any claim against the State of Kansas.

Name of Person or Firm _____

Street, R.F.D. Address _____

City, State and Zip Code _____

Social Security No./Taxpayer ID No. _____

Signature _____

STATE OF KANSAS,)
) SS:
COUNTY OF _____)

_____, being first duly sworn, has read the above and
(Name of Claimant)

foregoing claim and knows the contents thereof and the same are true and correct.

(Signature of Claimant)

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, 20____.

(Notary Public)

My Appointment Expires: _____